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ABSTRACT

Researchers have pointed out that the effects of generic stressors such as poverty may be mediated through other stressors in the microsystem of parent-child relationships or personal characteristics of family members. Specific, potential mediating stressors were sought in this study involving 191 low income Moslem families who had immigrated from North Africa and who had lived and worked for at least 2 years in Paris, France. Data were obtained from developmental assessments of 24-month-old children and parent interview records. Screening records provided information about medical conditions, family characteristics, and the demographics of family life. Records also provided evidence of any behavior problems in children and indicated whether the mother, father, or both reported feeling overwhelmed by their life circumstances. With the available data, a comparison was made of 36 overwhelmed immigrant mothers and 155 non-overwhelmed immigrant mothers. Items in four domains of potential stressors were predicted to differentiate between the two groups: ecological stressors, medical or health stressors, parental personal and interpersonal stressors, and child problems and difficulties. Ecological and medical stressors did not markedly differentiate the two groups. Parental or family interaction and child social behavior stressors did differentiate the groups, and did so strikingly. Interventions at the microsystemic level with poor immigrant families were recommended. (RH)

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Overwhelmed Mothers of Toddlers in Immigrant Families: Stress Factors

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The problems of families uprooted from their communities of origin are epidemic in many parts of the world today, because of war, religious turmoil, and economic misery that sends families into migration in search of better living conditions. Problems in immigrant families have often been rather glibly attributed to "macrosystem" and "mesosytem" variables (Bronfenbrenner, 1979) of poverty, socioeconomic stress, or social alienation in new cultures and neighborhoods.

Research goal

The present study attempts to refine our knowledge of stress factors in immigrant families that lead mothers of toddlers to report themselves as feeling "overwhelmed" in their daily lives. The effects of generic stressors, such as "poverty" may well be mediated through other stressors in the "microsystem" of parent-child relationships or personal characteristics of family members. Rutter and Garmezy (1983) have pointed out that there are vast individual differences in response to specific stressors. They debunk the idea that a catalogue of generic stressors will explain disorganization or affective distress. They emphasize how important it is to determine situation-specific or person-specific characteristics that mediate the effect of a potential generic stressor, such as "low-education" or "immigrant status".

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Subjects and Method

The present research was designed to search for just such specific, potential mediating stressors in a population of North African Moslem

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families who have come from Algeria, Tunisia and Morocco to live and work in Paris, France. All of the families studied are low education and low-income. Paternal Hollingshead occupational level ranges from unskilled and semi-skilled to skilled worker. Of the 191 families studied, the vast majority of the mothers are at home and care for their own children. Half of the families have their toddler sleeping with the parents. The toddlers (mean age 24 months) in these families were given an in-depth six hour medical examination which includes a developmental assessment and an interview with the parent or parents at the Bilan de Santè at Mairie de Clichy, north of Paris.

The Bilan de Santè is a Child Health Screening System aimed at providing a comprehensive approach to child care. Its purpose is to detect any sensory, motor, social, or cognitive deficits as early as possible in preschool children. All families in Paris have access to free child examinations at one of three such Bilan de Santè sites, when the child is 10 months, 24 months and 48 months. This study focuses on findings from 24 month dossiers. At the end of each checkup, 800 (mostly medical) items have been filled and coded on each dossier.

Most of the mothers in this study speak Franch poorly, and often bring a husband, older child, or family relative along for help in translation with the psychologist, who assesses the toddler and obtains the family record. A random sample of dossiers were chosen for North-African mothers who had been in France at least two years. In addition to precise medical findings, the dossiers provide details about: maternal and paternal feelings

for the child, the type of care (maternal, crèche, family day care, relative care) that the child receives, any eating or sleep problems, how the child gets along with siblings, peers, and in preschool, if in attendance. Many children attend Ecole Maternelle from 2½ years onward. Social workers urge such school attendance particularly for these families because this will help the children learn French and prepare them for elementary school experiences.

The dossier interviews provide clear evidence of whether the parents are having behavioral problems with the child and what the nature of the problems is. Also, the psychologist notes directly whether the mother or father or both report feeling overwhelmed ("debordèe") by their life circumstances. The dossiers provide a precise description of the demographics of family life. That is, one is able to confirm the presence or absence or running water, toilet facilities in the apartment, bathing facility, kitchen, number of rooms for each family, and number of family members lodged there. These dossiers (carefully perused and transcribed into English by the senior author), allow an assessment of what types of living conditions and community experiences as well as medical and health factors each family is experiencing. An analysis of the prevalence of different potential specific stressors in these living situations and personal circumstances was then made for two sub-populations: 36 overwhelmed mothers (OM) and 155 non-overwhelmed immigrant mothers (NOM).

Items in four domains of potential stressors were predicted to differentiate between the two groups of mothers. The four domains were:

1. Ecological stressors, such as dwelling conditions and maternal work status.

2. Medical or health stresses, such as severe frequent respiratory illness for the toddler during the first two years of life, or difficulties of pregnancy or delivery reported for the mothers.

3. Parental personal and interpersonal stressors, such as poor relationship between parent and toddler.

4. Child problems and difficulties, both physical, as in eating, sleeping and toileting, and in social behavior.

Results and Discussion

The number and percentage of OM and NOM mothers for whom a particular stressor could be clearly identified is noted in Table 1. A significant p value listed for a given stressor indicates that OM and NOM families differed significantly on rate of occurence of this stressor. Table 1 also shows the mean birthweight of infants born to mothers in the two groups and the mean developmental quotient as determined by the Brunet-Lèzine infant intelligence test.

Surprisingly, ecological and medical stressors did not markedly differentiate between the group of overwhelmed and the group of non-overwhelmed mothers. Their children's Apgar scores and birthweights were similar and well within normal limits. Overcrowded home conditions and neighborhood isolation were no more frequently reported by one group than by the other. The proportion of OM and NOM families who had zero or only one dwelling facility did not differ. There was however, a significant difference when

two or more facilities were lacking. Of OM mothers, 39% were lacking two or more facilities compared to 21% of NOM mothers. Also, there was a tendency (at $p < .10$) for more OM mothers to be living with two or more persons per room (19% vs. 11% for NOM families). Thus, some indications of ecological stressors are indeed present in OM families.

Of the medical stressors, only one seemed to be more prevalent in OM families. More delivery problems at birth were noted in OM medical records (11%) compared to NOM families (2%). However, rates of pregnancy complications, infections, frequent maternal illness, and frequent child illness during the first two years of life were similar in the two groups.

Parental or family interaction and child social behavior stressors strikingly differentiate the two groups. Only 1% of NOM group fathers reported feeling overwhelmed; 25% of OM group fathers felt overwhelmed. Significantly more of the OM families reported that there were severe mother/child and father/child interpersonal problems and significantly more child social behavioral difficulties. However, the rate of problems in feeding behavior was similar in the OM and NOM groups. Also, language retardation rates, considered as a stressor that might frustrate parent child communication, were reported equally in about a third of the children in both groups (whether calculated for Arabic or French).

One stressor that was higher in the NOM group, curiously, was "child not yet bowel trained" (23% for NOM families compared to 15% for OM families). Yet, in general, significantly more NOM families had toddlers who were completely toilet trained by 24 months (32.7% NOM families compared to 16.7% OM families). Having children toilet trained completely may represent one less stressor for mothers in NOM families. NOM families reported significantly fewer sleep problems with toddlers than did OM families. Sleep disturbances can add to parental exhaustion. But, of course, stressed parents can add to toddler tension and increase sleep troubles.

Conclusions

Clearly, family coping mechanisms and parent-child relationship disturbances need to be addressed in immigrant poor families that are vulnerable to affective distress. Although directionality of effects cannot be attributed from these data, the results do have implications for social support services that offer help to immigrant families. Workers will need to address parenting and child development issues as well as give the usual attention to improving housing and medical services. Not all help for immigrant families, whether in France or the USA, needs to be at "macro-sphere" levels. Much more attention to helping families understand young children and rear them through more positive, developmentally responsive parenting, and mutually satisfactory interchanges, might alleviate stress and decrease the numbers of immigrant parents who feel overwhelmed.

References

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Table 1

Stress Factors Among Overwhelmed Mothers of Toddlers in North African Immigrant Families in Paris, France

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Stressors	Numbers and Percentages for Families: Overwhelmed (N=36)	Not Overwhelmed (N=155)	p Value (1 tail test)
A. Ecological Stressors			
1. Mother works outside the home	6 (16.6%)	27 (17.4%)	N.S.
2. Missing zero or 1 comfort facility (such as running water, toilet, kitchen, bath/shower in dwelling)	4 (11%)	2 (1%)	*
3. Missing 2 or more dwelling facilities	14 (39%)	33 (21%)	<.04
4. Crowding: >2 persons per room	7 (19%)	17 (11%)	<.10
<3 rooms in dwelling	10 (28%)	33 (21%)	N.S.
5. Number of children: (>3)	8 (22%)	41 (26%)	N.S.
only child	6 (16.6%)	29 (18%)	N.S.
6. Large family (>5 people)	9 (25%)	42 (27%)	N.S.
7. Intrusive In-Laws	2 (6%)	5 (3%)	*
8. Loneliness or Cultural Isolation reported	3 (8%)	8 (5%)	N.S.
9. Maternal Education: (<7 years)	12/34 (32%)	70 (45%)	N.S.
(>high school)	0 (0%)	8/154 (5.2%)	*
B. Medical Stressors			
1. Pregnancy problems	7 (19%)	31 (20%)	N.S.
2. Delivery problems (Breech or Forceps or Caesarian Delivery)	4 (11%)	3 (2%)	<.01
3. Child illness frequent	7 (19%)	28 (18%)	N.S.
4. Severe ORL (otorhenolaryngeal infections first 2 years of life	7 (19%)	22 (14%)	N.S.
5. Frequent maternal illness reported	7 (19%)	31 (20%)	N.S.
6. Mean Birthweight	3123.57 g	3283.94 g	N.S.

	Numbers and Percentages for Families		
	Overwhelmed (N=36)	Not Overwhelmed (N=155)	p Value (1 tail test)
C. Interpersonal Stressors			
1. Father reports feeling overwhelmed	9 (25%)	2 (1%)	$p<.00005$
2. Major problems in father/child relationship[a]	16 (44%)	27 (18%)	$p<.05$
3. Major problems in mother/child relationship[a]	19 (53%)	12 out of 120 (10%)	$p<.05$
D. Child Problems			
1. Severe behavior problems (3 or more problems such as aggressivity, fearfulness, jealousy, tantrums, shy/withdrawn, oppositionality)	21 (58%)	31 (20%)	$p<.00005$
2. Sleep problems	12 (39%)	27 (17%)	$p<.05$
3. Feeding problems	7 (19%)	22 (14%)	N.S.
4. Language retardation	13 (36%)	47 (30%)	N.S.
5. Not toilet trained for urine by 24 months	10 (28%)	49 (32%)	N.S.
6. Not bowel trained by 24 months	5 (14%)	36 (23%)	$p<.003$ (opposite to prediction)
7. Child toilet trained by 24 months	6 (16.7%)	50/153 (32.7%)	$p<.04$
Child Development Quotient (DQ) by Brunet Lézine Infant Intelligence Test	99.58	102.45	N.S

*Note. When too few cases are reported, then p values were not tested to avoid statistical distortion.

[a]Coded when more than three troubles were reported for parent/child relationship (e.g. rigid, infantilizing, understimulating, overstimulating, overly intrusive, authoritarian, disinterested, rejecting, anxious)

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